



CRDP Phase 2  
*Community Forum*  
*Los Angeles, CA*

December 4, 2014

# Agenda

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**1:00 – 1:15**

***Welcome, Introductions & Housekeeping***

Marina Augusto, MS Counseling, Staff Services Manager  
Office of Health Equity, California Department of Public Health

**1:15 – 1:50**

***California Reducing Disparities Project (CRDP) Phase 2 Design  
Q & A***

Aimee Sisson, MD, MPH, Public Health Medical Officer  
Office of Health Equity, California Department of Public Health

**1:50 – 5:00**

***Discussion of CRDP Phase 2***

Andrew Chang, Lead Solicitation Consultant

1:50 – 2:35

Pilot Projects

Q & A

2:35 – 2:45

Break

2:45 – 3:30

Technical Assistance Providers

Q & A

3:30 – 4:15

Statewide Evaluation Team

Q & A

4:15 – 4:45

Local Education, Outreach, and Awareness

Q & A

4:45 – 5:00

Closing Comments and Questions

Feedback from Stakeholders

# Community Forum Guidelines

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- The intent of this forum is to share our ideas and obtain feedback from key stakeholders prior to the release of the solicitations. The written solicitations will document the final specifications and requirements for each solicitation
- Please turn off cell phone ringers
- Allow presenters to finish presentations. There will be time at the end of each presentation for questions and comments
- Listen actively. Respect others when they are talking
- Be solution oriented in your speech – provide constructive criticism
- Do not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks – focus on ideas
- Be conscious of body language and nonverbal responses
- If you are participating by WebEx/Dial-In and wish to submit a question or comment, please do so through the WebEx Q & A function. Joshua Rayburn will be monitoring the questions and provide time to address them in each Q & A session
- If you have any technical problems during the Forum, please email Dawn Munoz at [dawn.munoz@cdph.ca.gov](mailto:dawn.munoz@cdph.ca.gov) or call (916) 893-9946

# What is the CRDP?

## What CRDP Is

- One-time demonstration of limited number of promising practices within effected communities
- Opportunity to develop and implement new methods to gather data
- Exhibition of new community participatory program evaluation methods to prove effectiveness
- Effort to achieve system changes through concerted efforts

## What CRDP Is Not

- Comprehensive program to address all the mental health needs of impacted communities
- Statewide program that impacts populations beyond African American, Asian American/Pacific Islander, Latino, Native American and LGBTQ communities
- Continuous funding source for promising practices
- Funding source for new programs

# CALIFORNIA REDUCING DISPARITIES PROJECT PHASE 2 OVERVIEW

CDPH Office of  
Health Equity

December 2014

Aimee Sisson, MD,  
MPH

# CRDP PHASES

- **Phase 1: Develop strategic plan to reduce mental health disparities in 5 populations**
  - Fund 5 Strategic Planning Workgroups to engage communities, develop Population reports
  - Fund development of Strategic Plan
- **Phase 2: Implement strategic plan**
  - Focus on validating promising practices / community-defined evidence\* programs)

\*Set of practices that communities have used and determined to yield positive results as determined by community consensus over time, that may or may not have been measured empirically but have reached a level of acceptance by the community (Community Defined Evidence Project Working Group, 2007)

# PHASE 2 BASIS

- **CRDP Draft Strategic Plan**
- **Key Informant Interviews**
  - Internal
  - External
- **CRDP Brain Trust**
- **Public Vetting**

# PHASE 2 VISION

**We envision a California in which all individuals, regardless of race, ethnicity, sexual orientation, or gender identity, receive quality mental health prevention and treatment services delivered in a culturally and linguistically competent manner.**

- **Anticipated near-term (5-10y) outcomes:**
  - Numerous CDE programs funded in Phase 2 found to be effective
  - Validated CDE programs funded by county mental health departments throughout California using MHSA funds
  - Relationship between underserved communities and county mental health departments is healing
  - Underserved communities advocate for individual and collective needs locally and statewide



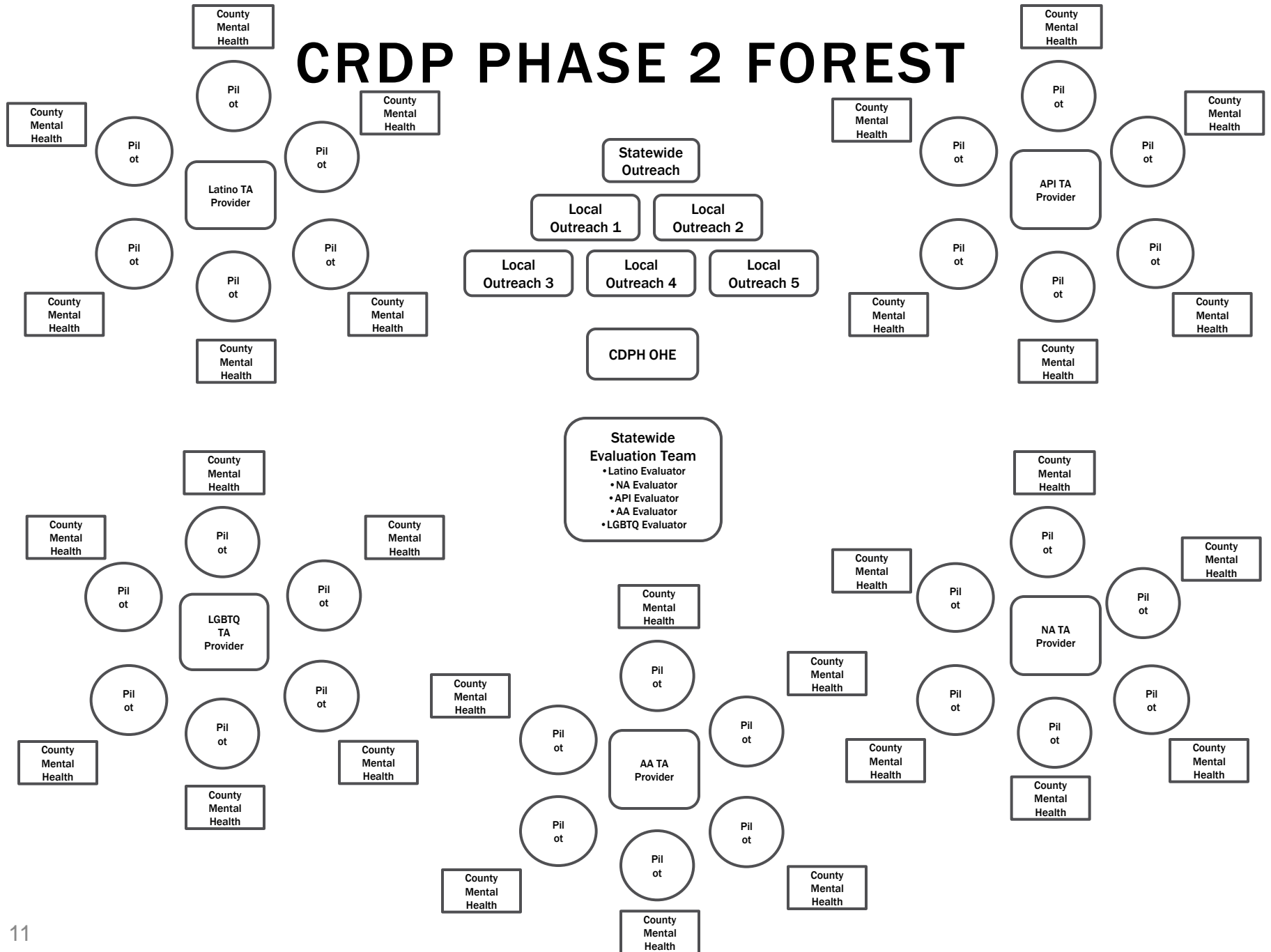
# GUIDING PRINCIPLES

- **Do business differently**
- **Build community capacity**
- **Fairness**
- **System change**

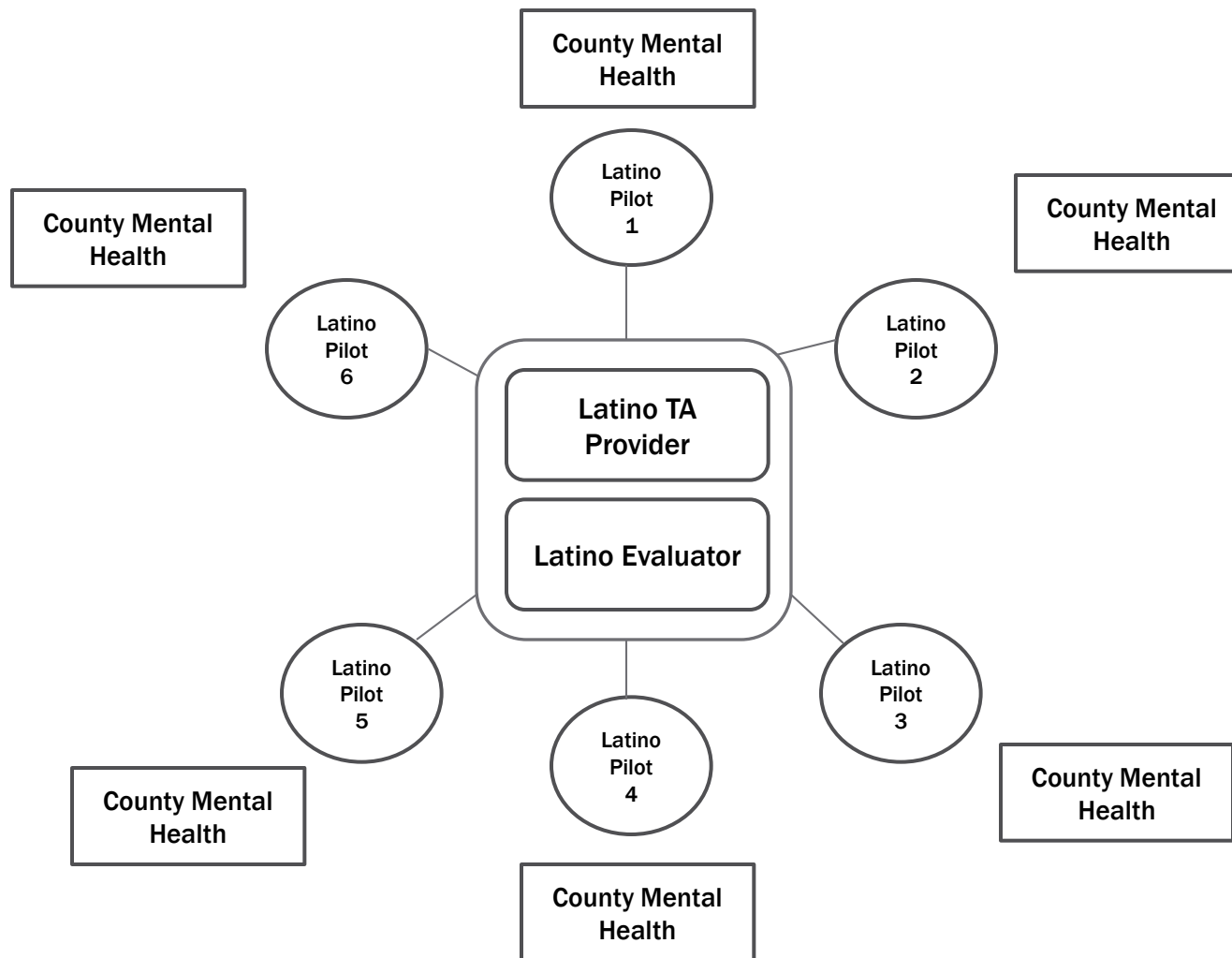
# PROGRAM COMPONENTS

- **Pilot Projects (approx. 60% of funds)**
- **Evaluation (25%)**
- **Technical Assistance & Training (10%)**
- **Infrastructure (5%)**
- **Administration**

# CRDP PHASE 2 FOREST



## POPULATION APPROACH

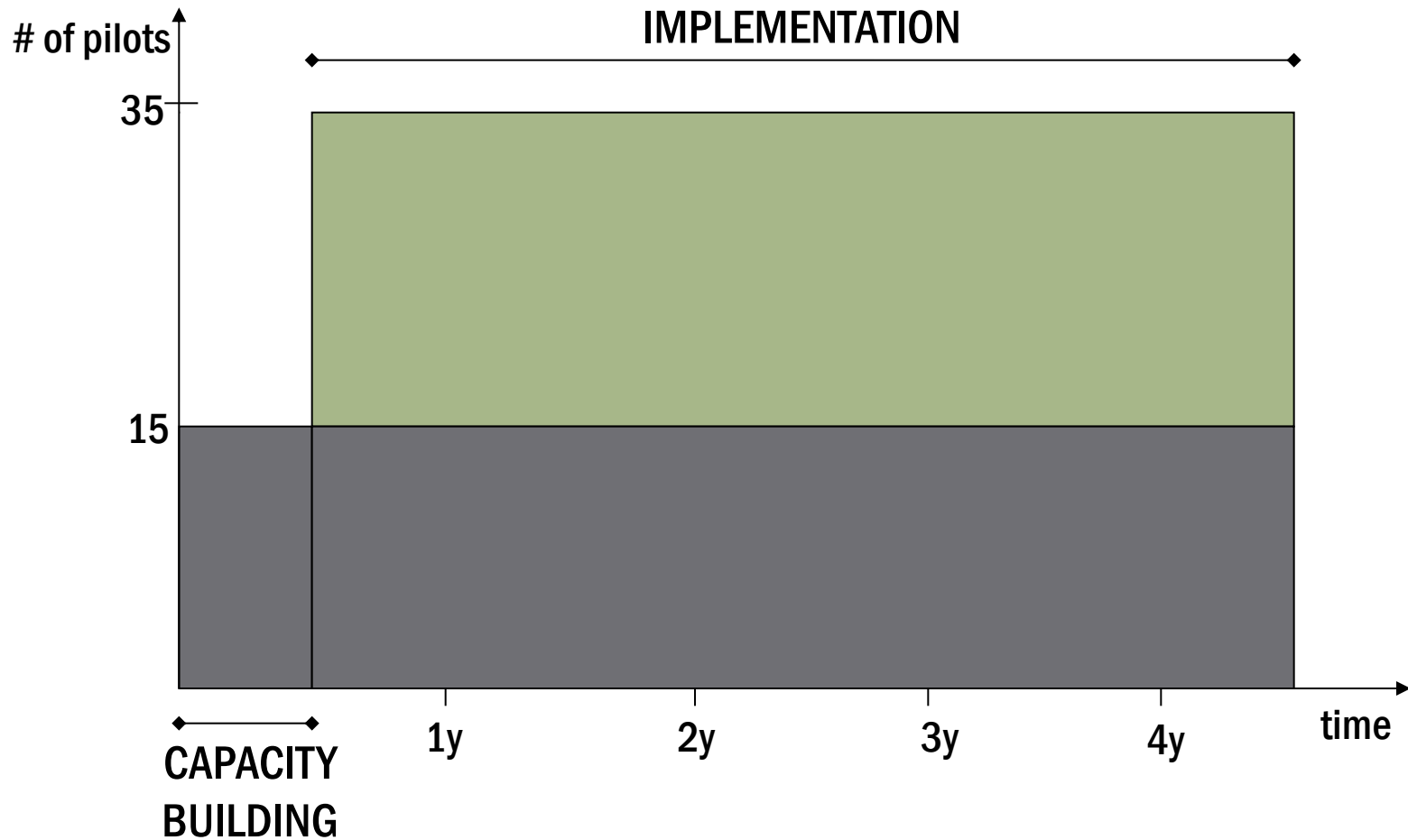


- One network for each of 5 populations
- Pilot sites (5-7/pop'n) geographically spread across California

# PILOT PROJECTS

- **Validate promising practices /community-defined evidence programs**
- **2 pilot types**
  - **Capacity Building**
    - 3 per population (15 total)
    - Average \$25,000 x 6 months
    - Continue to implementation if successful
  - **Implementation**
    - 5-7 per population (35 total)
    - Average \$200,000 per year x 4 years
- **Eligibility: Non-profit or government entity (including tribal government) with experience working directly with target population**

# PILOT PROJECTS



# EVALUATION

- **Multilevel Approach**

- **Pilot site**

- Each pilot site, preferably by independent contractor

- **Population**

- Common measures/methods across all pilot sites targeting same population

- **Statewide**

- Common measures across all pilot sites
    - Evaluate all Phase 2 components

- **Community participatory**

- **Mixed methods**

# TECHNICAL ASSISTANCE

Administrative

Evaluation

Provider	Capacity Building	Implementation
<b>Population-Specific TA Provider</b> <ul style="list-style-type: none"> <li>• One for each population</li> <li>• Culturally competent</li> </ul>	Support smaller organizations to “apply” for implementation funding	<ul style="list-style-type: none"> <li>• Support in contract &amp; program management, budgeting, HR, sustainability planning, networking</li> <li>• Broker with CDPH, county mental health</li> </ul>
<b>Population-Specific Evaluator</b> <ul style="list-style-type: none"> <li>• Culturally competent</li> <li>• Part of Statewide Evaluation team</li> </ul>	Support smaller organizations to articulate theory of change / logic model, begin evaluation planning	Support in evaluation planning and design, evaluation implementation, seeking evidence-based status



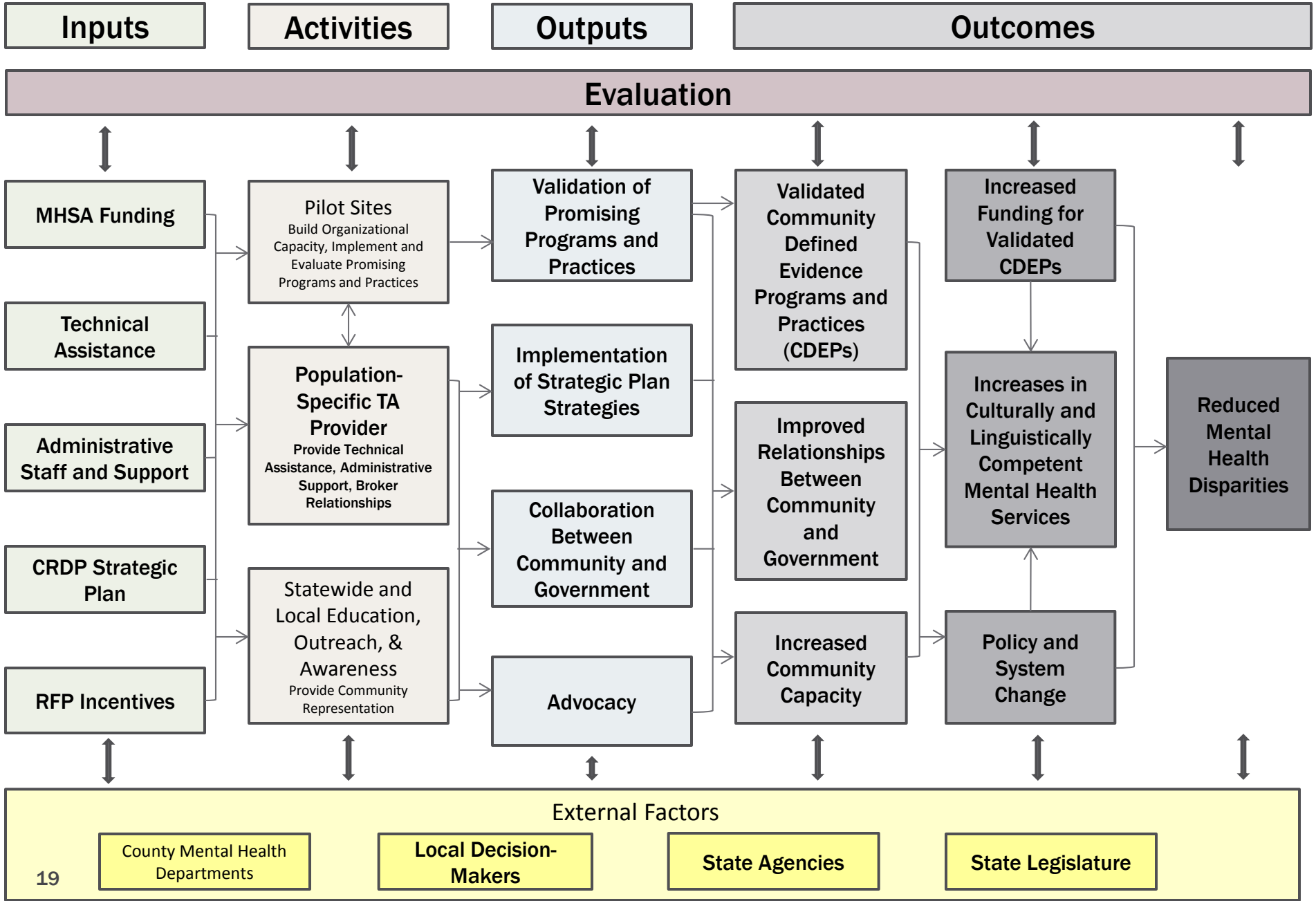
# INFRASTRUCTURE

- **Address policy and system change**
- **Create CRDP Advisory Committee**
  - Advise CDPH staff on mental health disparities and project direction
- **Education, outreach, and awareness**
  - Multicultural, with additional population involvement beyond 5 targets
  - Increase involvement by community members in policy, planning, and programming
    - Statewide (1)
    - Local (5)

# ADMINISTRATION

- ~60 contracts/grant agreements to be developed
- Staff to oversee contracts
- Staff for evaluation design, implementation, and oversight
- Funded by annual MHSA state administrative dollars (not part of \$60M)

California Reducing Disparities Project, Phase 2



# SOLICITATION APPROACH

- Multiple solicitations, rolled out in stages
- Stage 1
  - Statewide evaluation team (1)
  - Population-specific technical assistance provider (5)
- Stage 2
  - Capacity building pilot sites (15)
- Stage 3
  - Implementation pilot sites ( $15 + 20 = 35$ )
- Stage 4
  - Statewide education, outreach, and awareness (1)
  - Local education, outreach, and awareness (5)

# PUBLIC INPUT

- **Information gathering**
  - Subject matter expert interviews (~40)
  - Brain Trust
  - Community forums
  - Online survey of potential pilot sites (through Dec 15)
- **Draft solicitation review**
  - Opportunity to comment on solicitation and requirements *prior* to formal release of bid
- **Requirements protest**
  - Allow bidders an opportunity to provide feedback *during* the procurement process

# CONTACT US

- Contact [CRDP@cdph.ca.gov](mailto:CRDP@cdph.ca.gov) with questions or comments
- CRDP Phase 2 Webpage  
<http://tinyurl.com/cdphcrdp>
- Survey of Potential Pilot Projects  
<https://www.surveymonkey.com/s/CDLNXYX>

# Questions from the Stakeholders

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CRDP Phase 2  
Overview

Q1: *“Will the contracts be cost-reimbursement based and how long will it take for agencies to receive funds?”*

Q2: *“What is the expected release date of RFPs?”*

# Questions from the Stakeholders

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CRDP Phase 2  
Overview

Q3: *“Will the State scrap the current procurement process if it receives overwhelming support for an alternative approach to funding each ethnic population?”*

CDPH



# CRDP Phase 2 Overview

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Additional Discussion

# Pilot Projects

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## Overview:

- Seven Pilot Projects for each of the five population groups
  - Of these, three will begin in the Capacity Building phase
  - The remaining four will begin the Implementation phase
- Each population group will have a separate solicitation document and process to account for the different needs of each population

## Qualifications:

- Must be a non-profit or government organization
- Must have an existing community-defined evidence program or practice (CDEP) that has the willingness and potential for evaluation
- Must exhibit strong ties to the specific community it claims to provide service to

# Questions from the Stakeholders

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## Pilot Projects

*Q4: “From where is the funding for Phase 2 provided? CalMHSA, MHSA, or some other State fund?”*

*Q5: “Will the 60 million dollars be directed to community based organizations or through counties?”*

# Questions from the Stakeholders

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## Pilot Projects

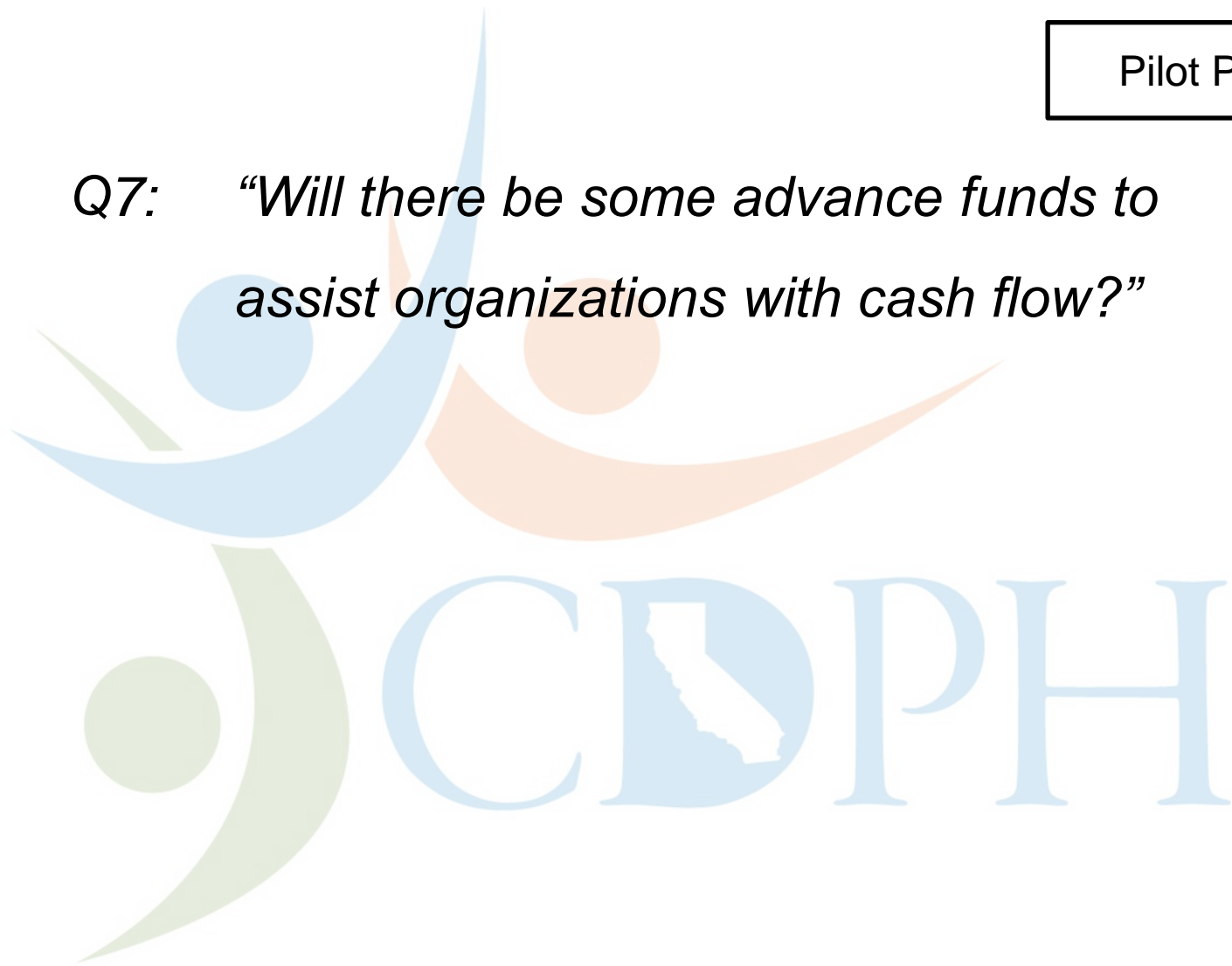
Q6: *“How will funding be distributed between population groups? How will the funds be distributed in counties with low or none of the target population? Will there be additional funding available for enhancing other strategies in that instance?”*

# Questions from the Stakeholders

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Pilot Projects

Q7: *“Will there be some advance funds to assist organizations with cash flow?”*

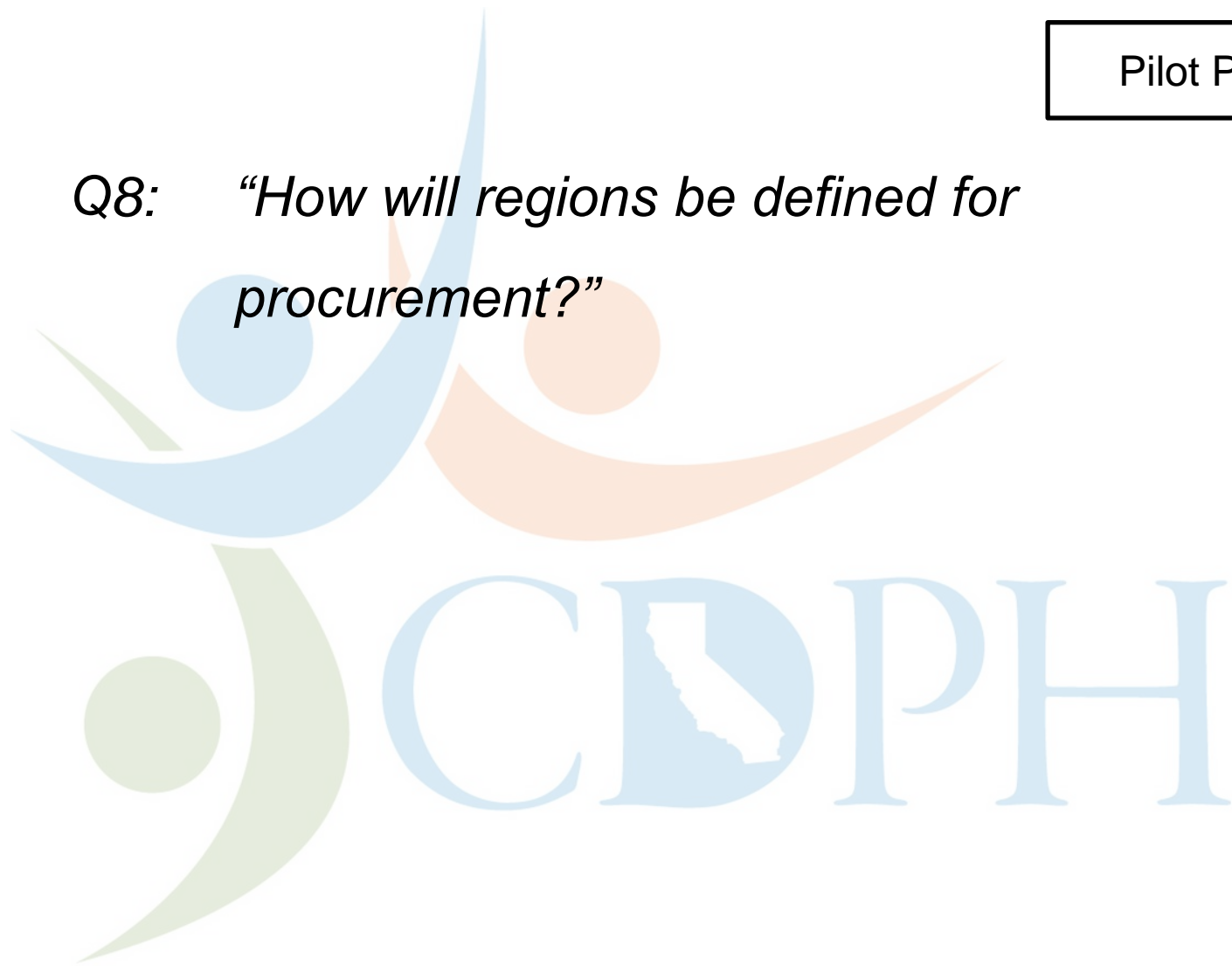


# Questions from the Stakeholders

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Pilot Projects

Q8: *“How will regions be defined for procurement?”*

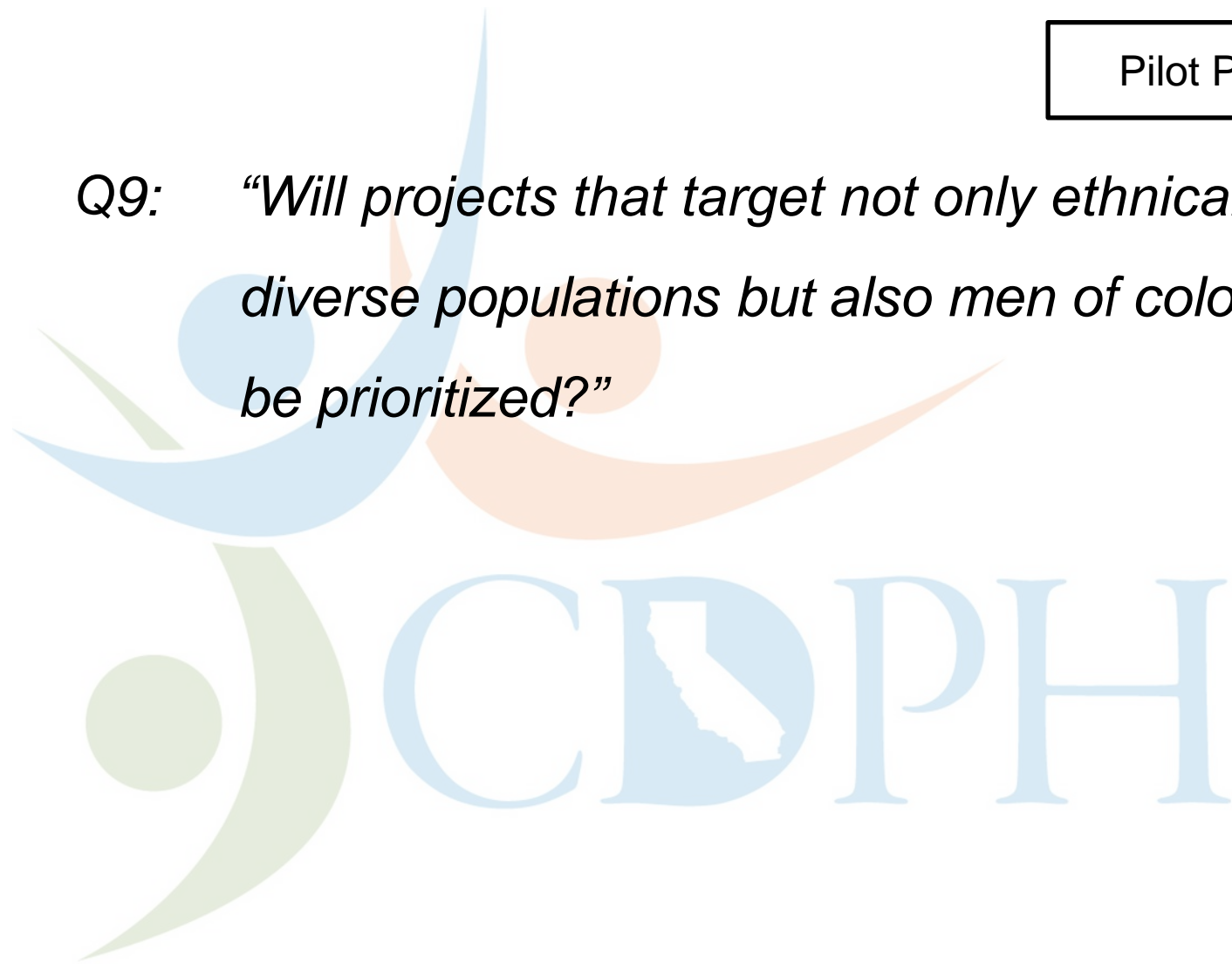


# Questions from the Stakeholders

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Pilot Projects

Q9: *“Will projects that target not only ethnically diverse populations but also men of color be prioritized?”*

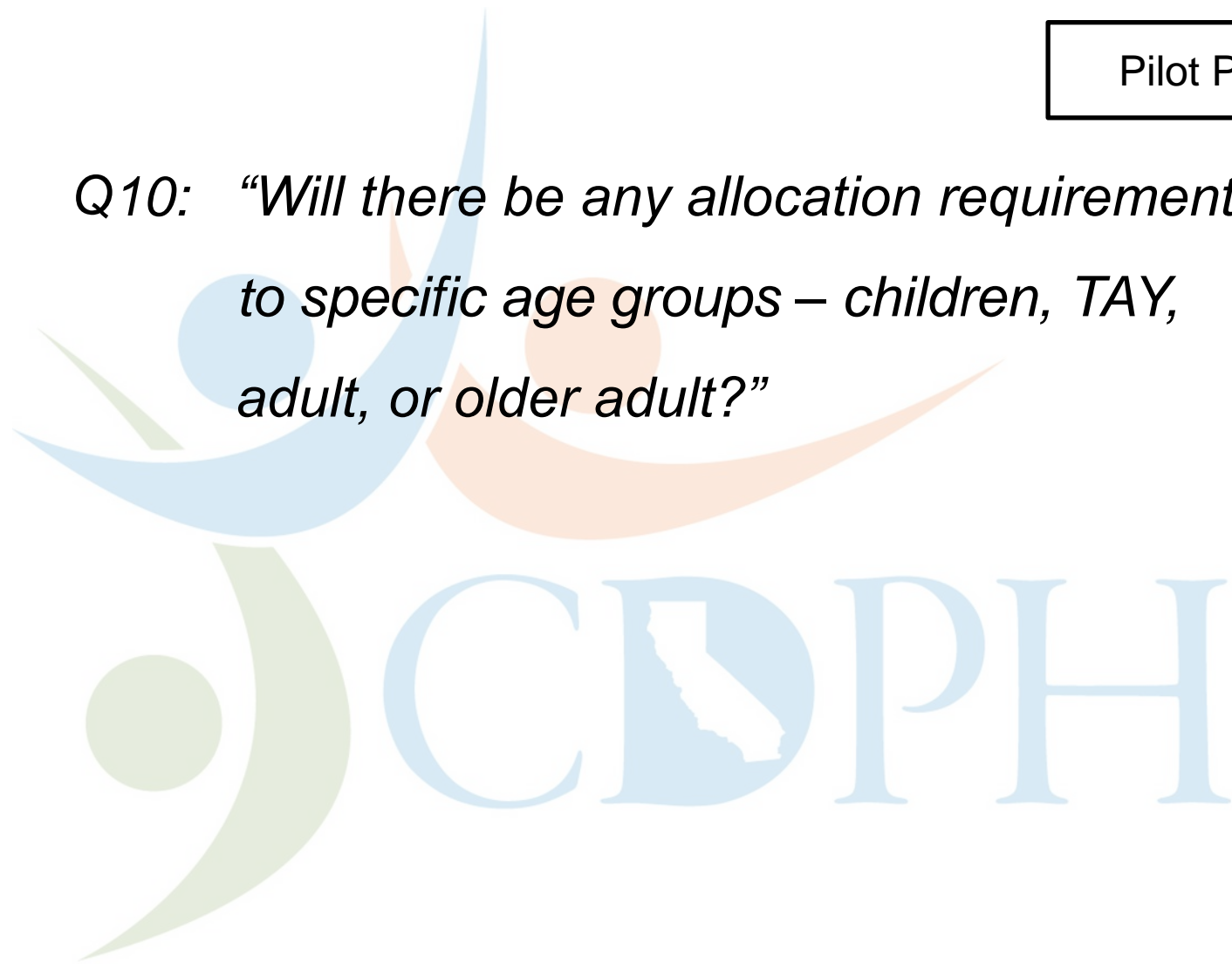


# Questions from the Stakeholders

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Pilot Projects

*Q10: “Will there be any allocation requirements to specific age groups – children, TAY, adult, or older adult?”*





# Questions from the Stakeholders

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## Pilot Projects

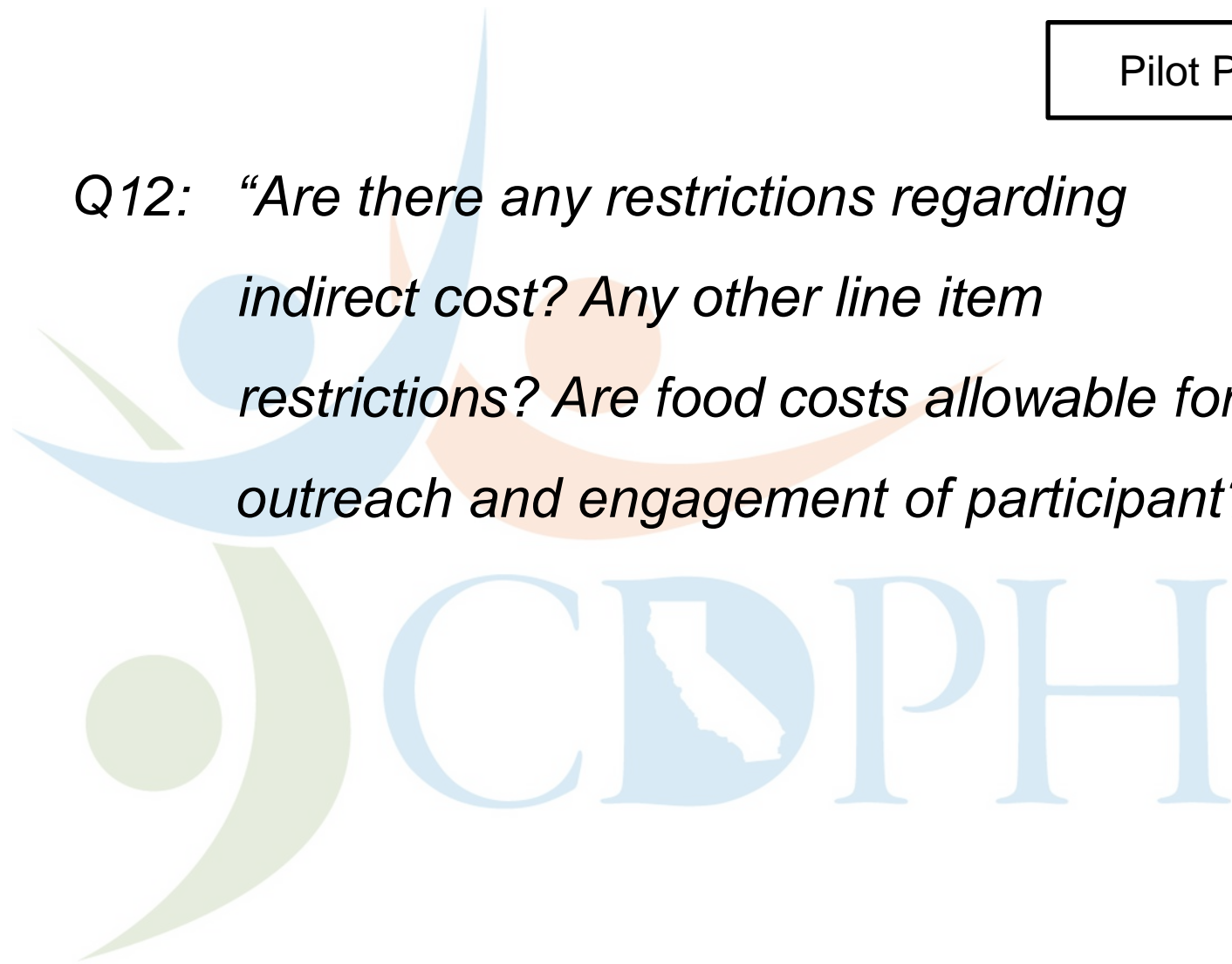
*Q11: “Given that County Departments of Mental Health may compete for resources, what assurances will be provided to local community based providers that their constituents will benefit from the initial investment of PEI funds? Will the State ensure that successful and sustainable programs will receive long term support from the county?”*

# Questions from the Stakeholders

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Pilot Projects

*Q12: “Are there any restrictions regarding indirect cost? Any other line item restrictions? Are food costs allowable for outreach and engagement of participant?”*

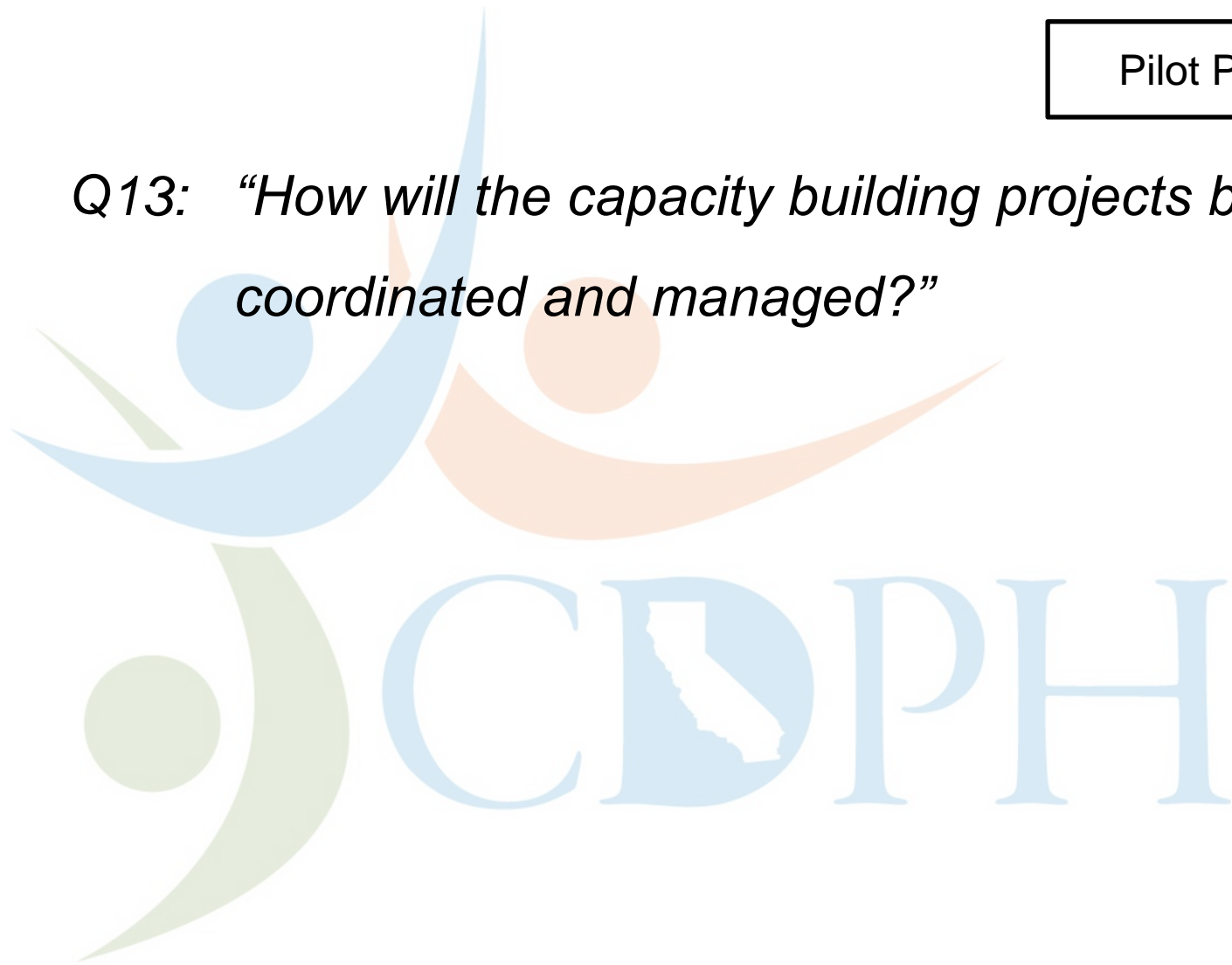


# Questions from the Stakeholders

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Pilot Projects

Q13: *“How will the capacity building projects be coordinated and managed?”*

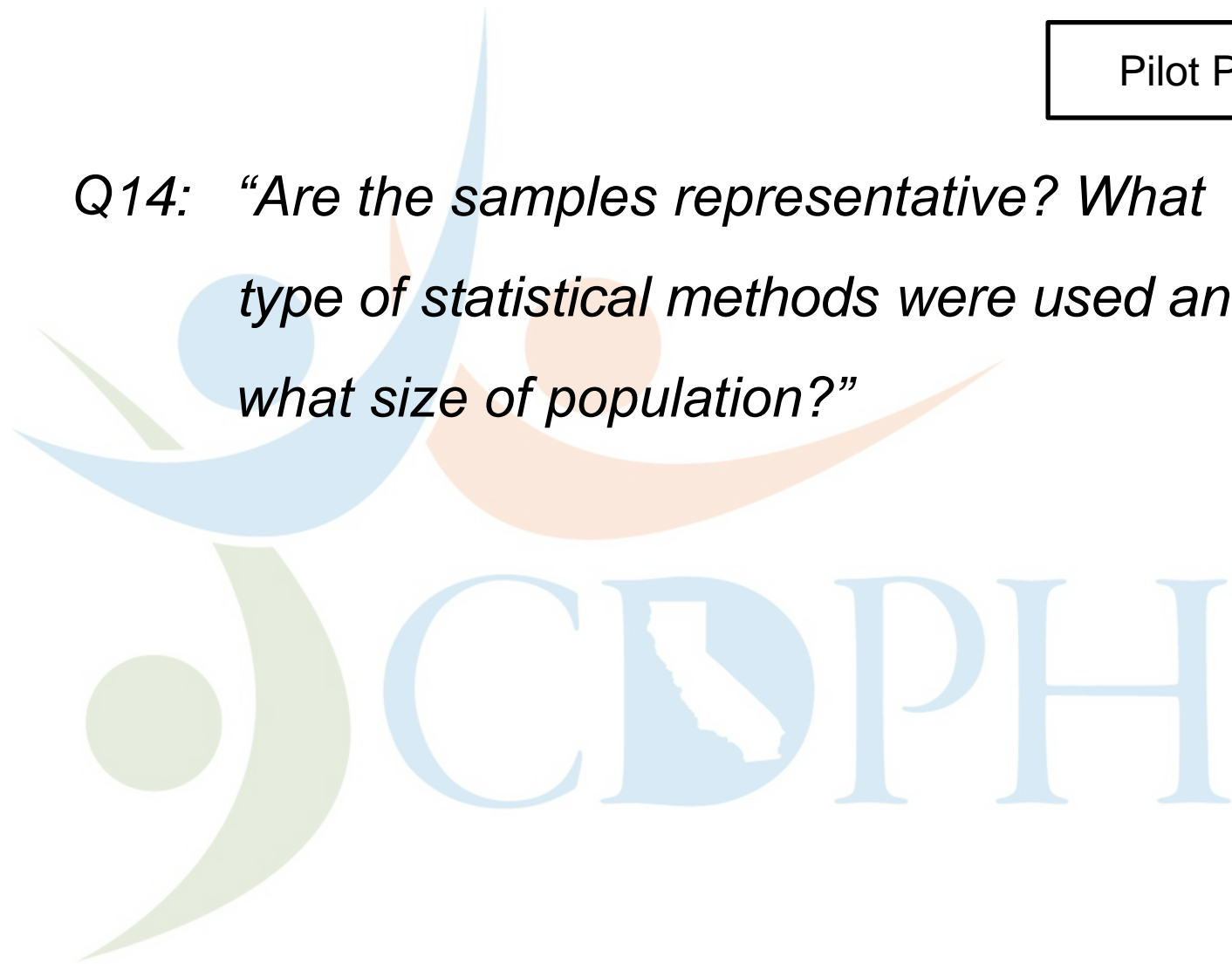


# Questions from the Stakeholders

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Pilot Projects

*Q14: “Are the samples representative? What type of statistical methods were used and what size of population?”*

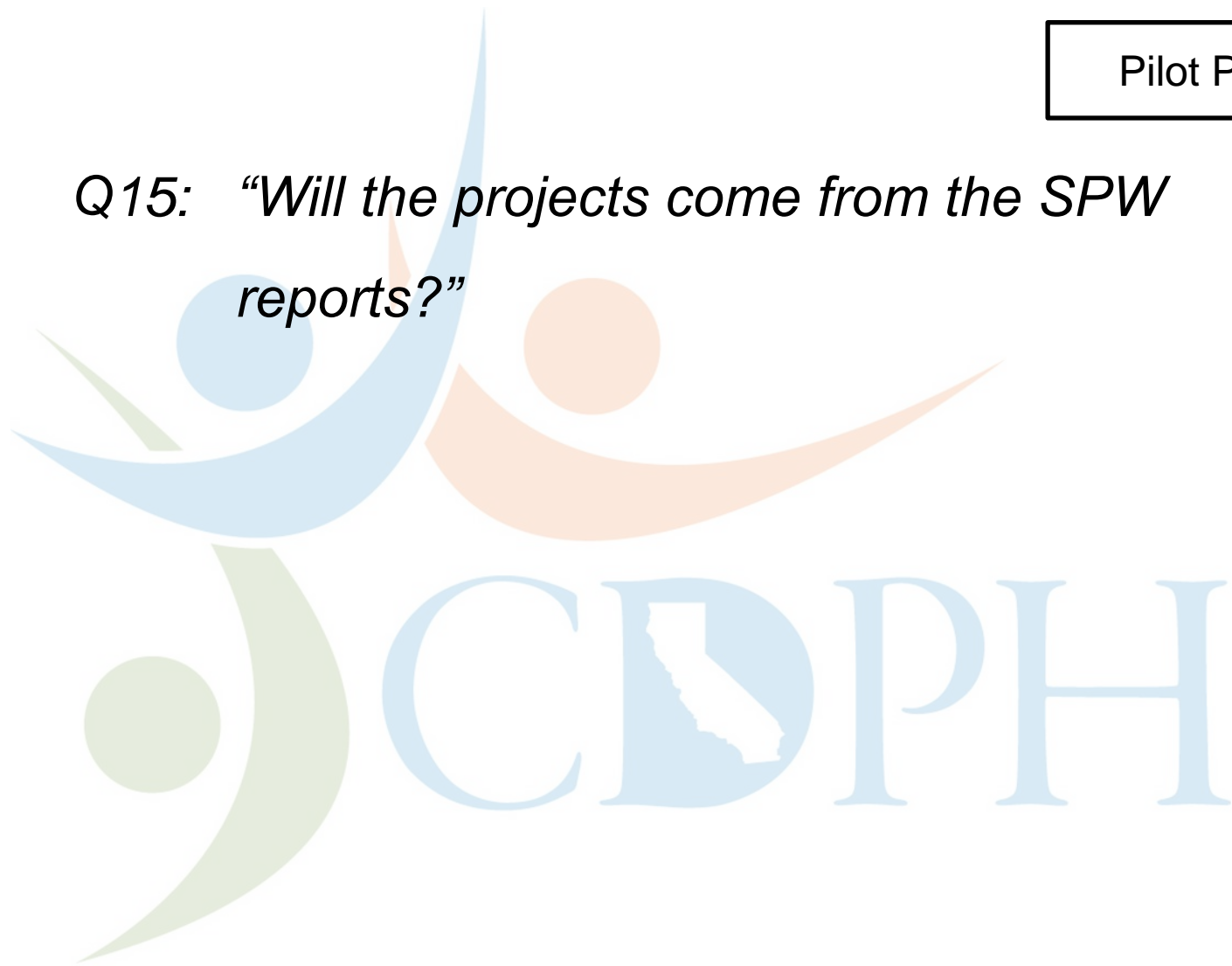


# Questions from the Stakeholders

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Pilot Projects

Q15: *“Will the projects come from the SPW reports?”*



# Questions from the Stakeholders

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## Pilot Projects

*Q16: “Are there stipulated guidelines for Pilot Projects? What management practices or accountability criteria will be used to ensure they are within those guidelines?”*

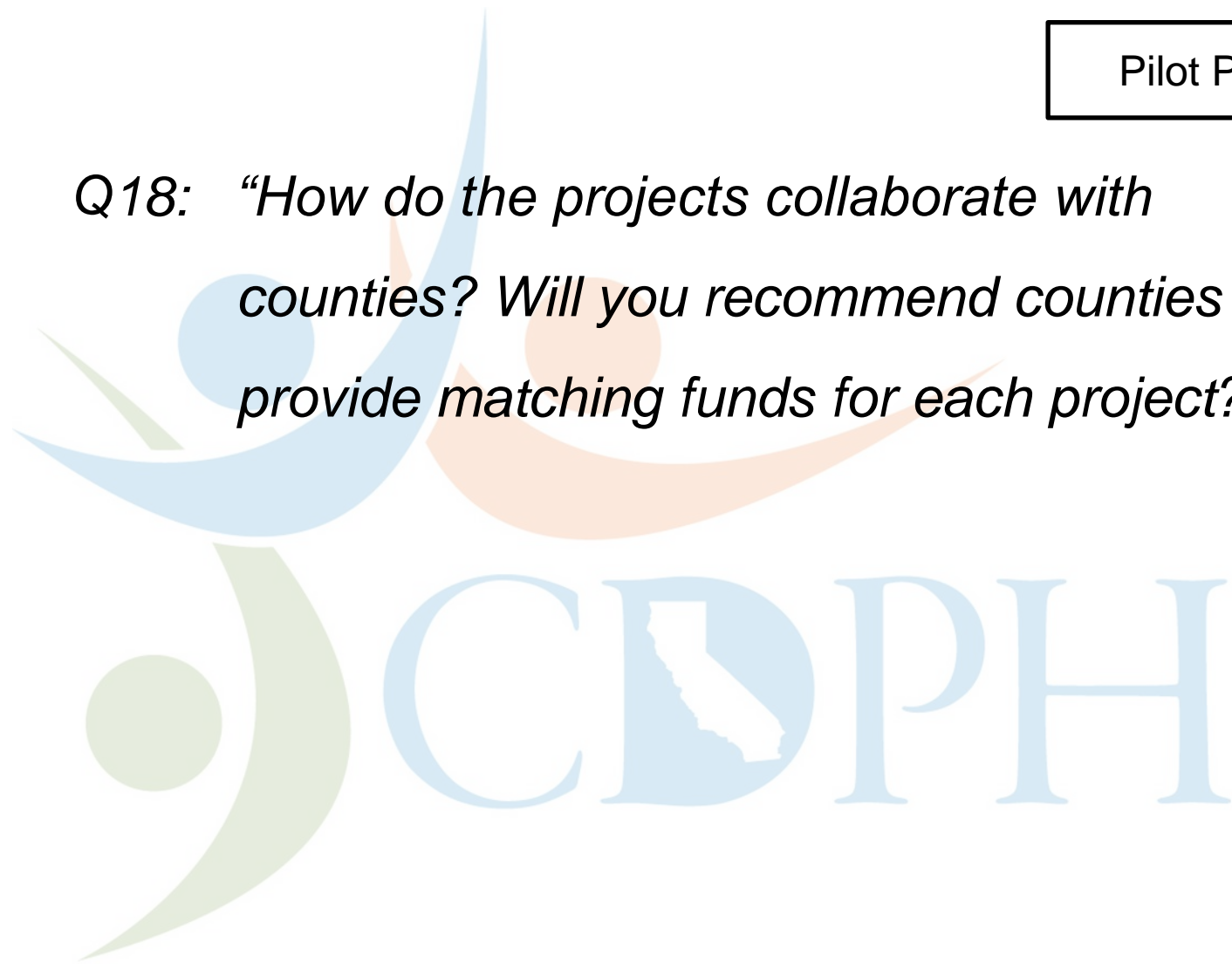
*Q17: “Will there be consequences for Pilot Projects that do not adhere to the guidelines or regulations of the CRDP project?”*

# Questions from the Stakeholders

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Pilot Projects

*Q18: “How do the projects collaborate with counties? Will you recommend counties provide matching funds for each project?”*

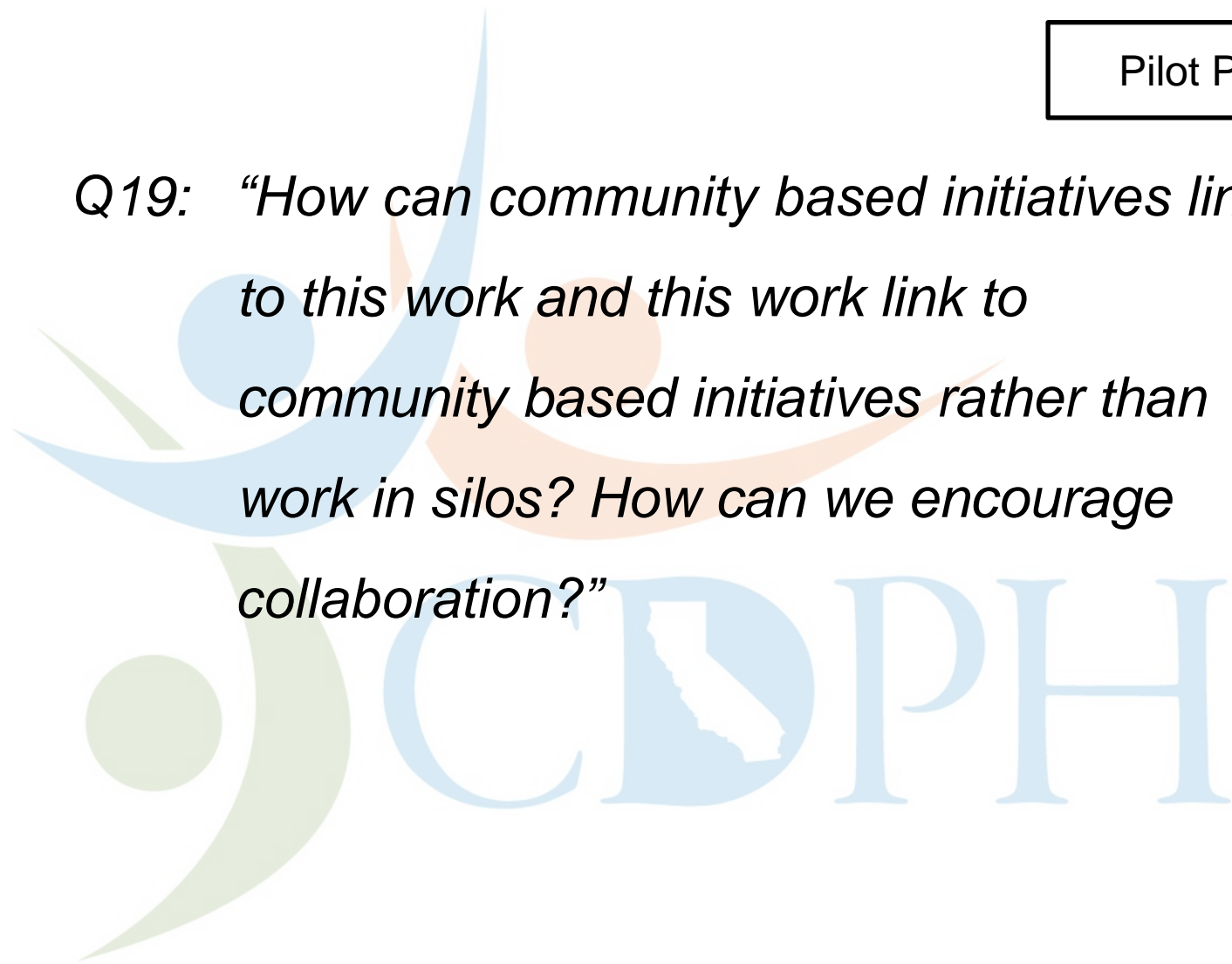


# Questions from the Stakeholders

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## Pilot Projects

*Q19: “How can community based initiatives link to this work and this work link to community based initiatives rather than work in silos? How can we encourage collaboration?”*



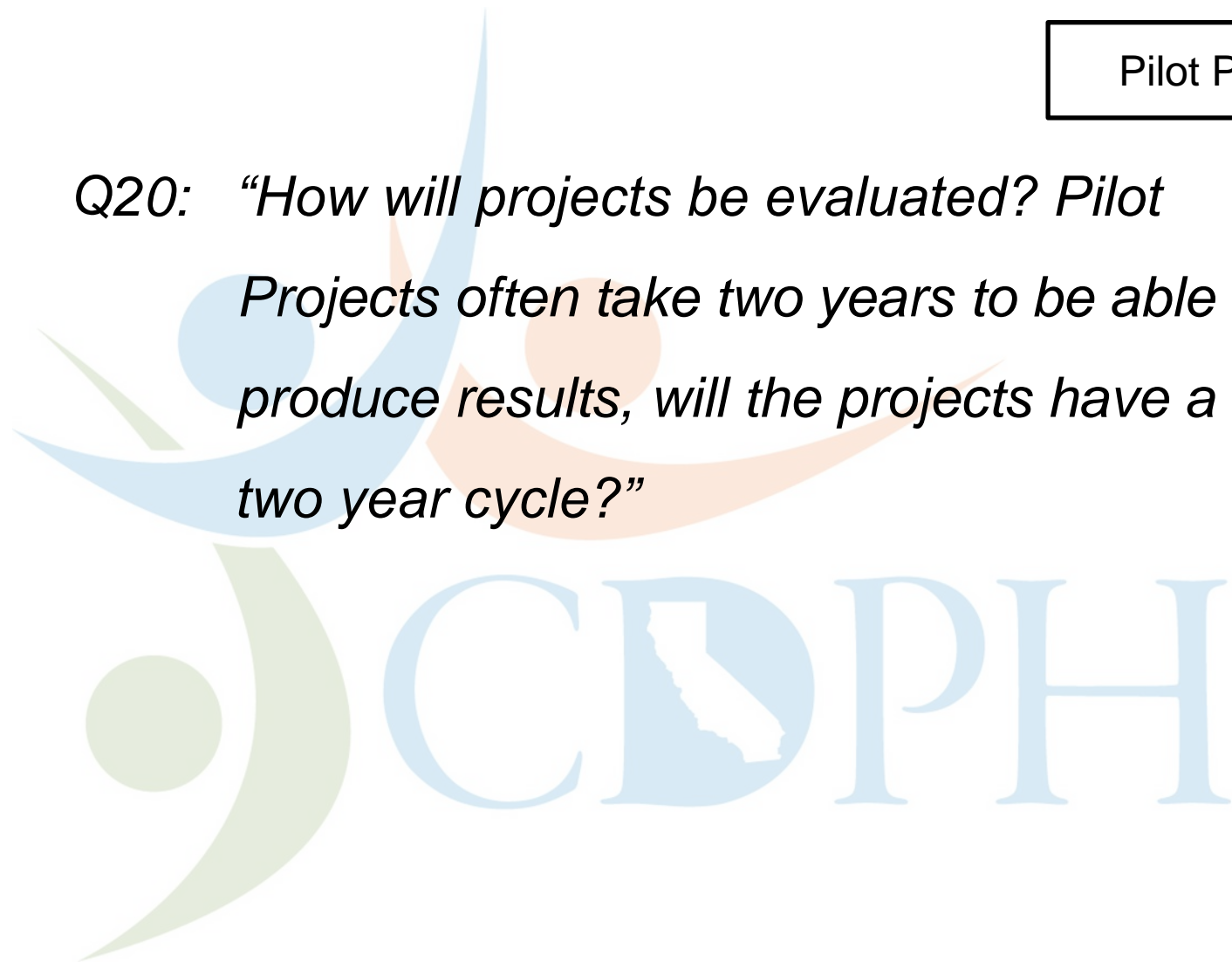


# Questions from the Stakeholders

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## Pilot Projects

*Q20: “How will projects be evaluated? Pilot Projects often take two years to be able to produce results, will the projects have a two year cycle?”*



# Pilot Projects

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Additional Discussion



10 Minute Break

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# Technical Assistance Providers

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## Overview

- Population based – one Technical Assistance (TA) Provider for each of the five target populations
- Provide Pilot Projects with both Capacity Building and Implementation technical assistance
- Expected to provide an extensive array of technical assistance services for Pilot Projects on subjects including community engagement and organizational development to ensure project success and assist in long-term sustainability
- Does not provide evaluation technical assistance
- Each population group will have a separate solicitation document and process to account for the different needs of each population

## Qualifications:

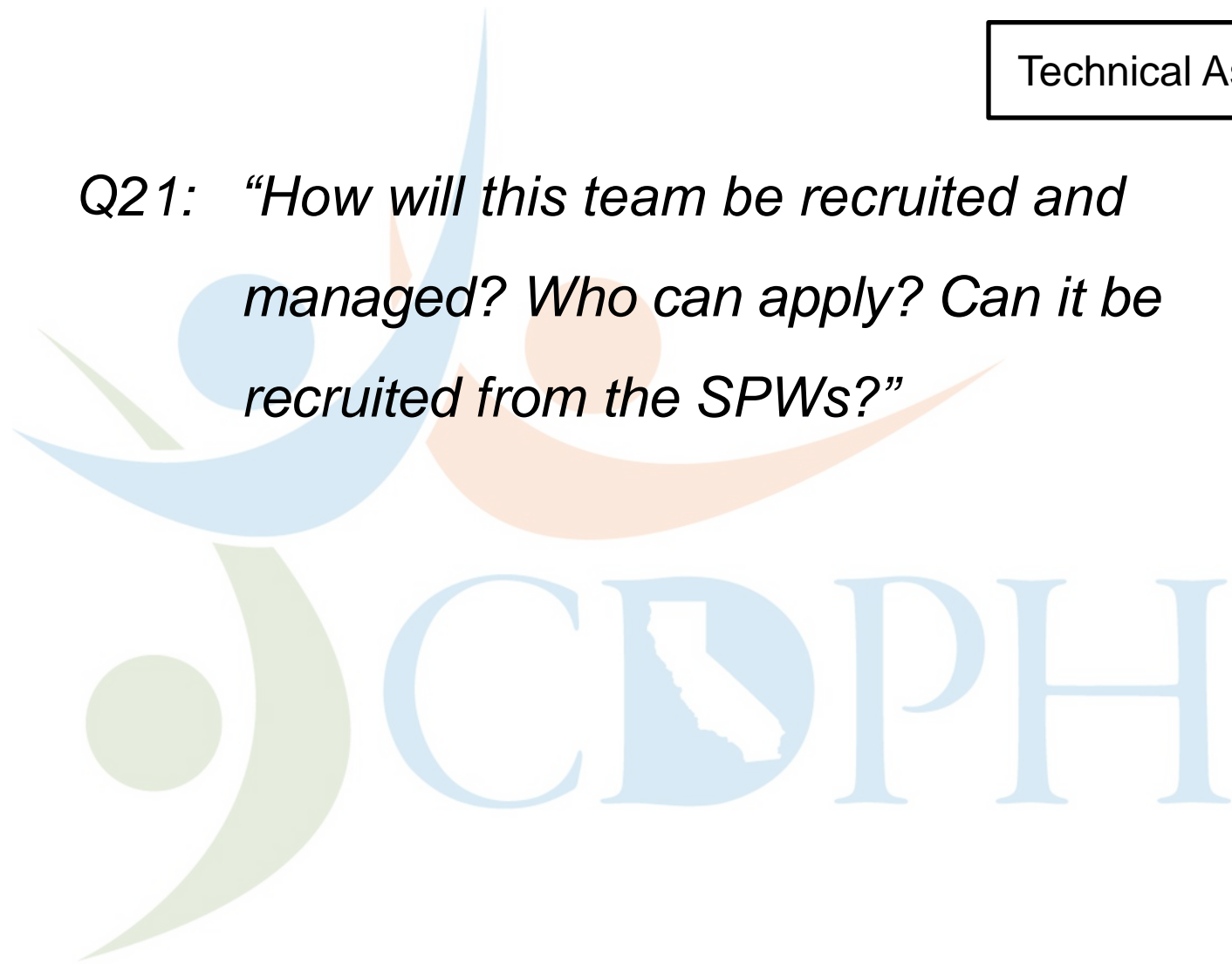
- Demonstrated high-level of cultural and linguistic competence
- Deep understanding of the communities that they propose to serve and documented trustful relationship
- History and experience providing broad array of excellent technical assistance for organizations with similar needs

# Questions from the Stakeholders

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Technical Assistance

*Q21: “How will this team be recruited and managed? Who can apply? Can it be recruited from the SPWs?”*

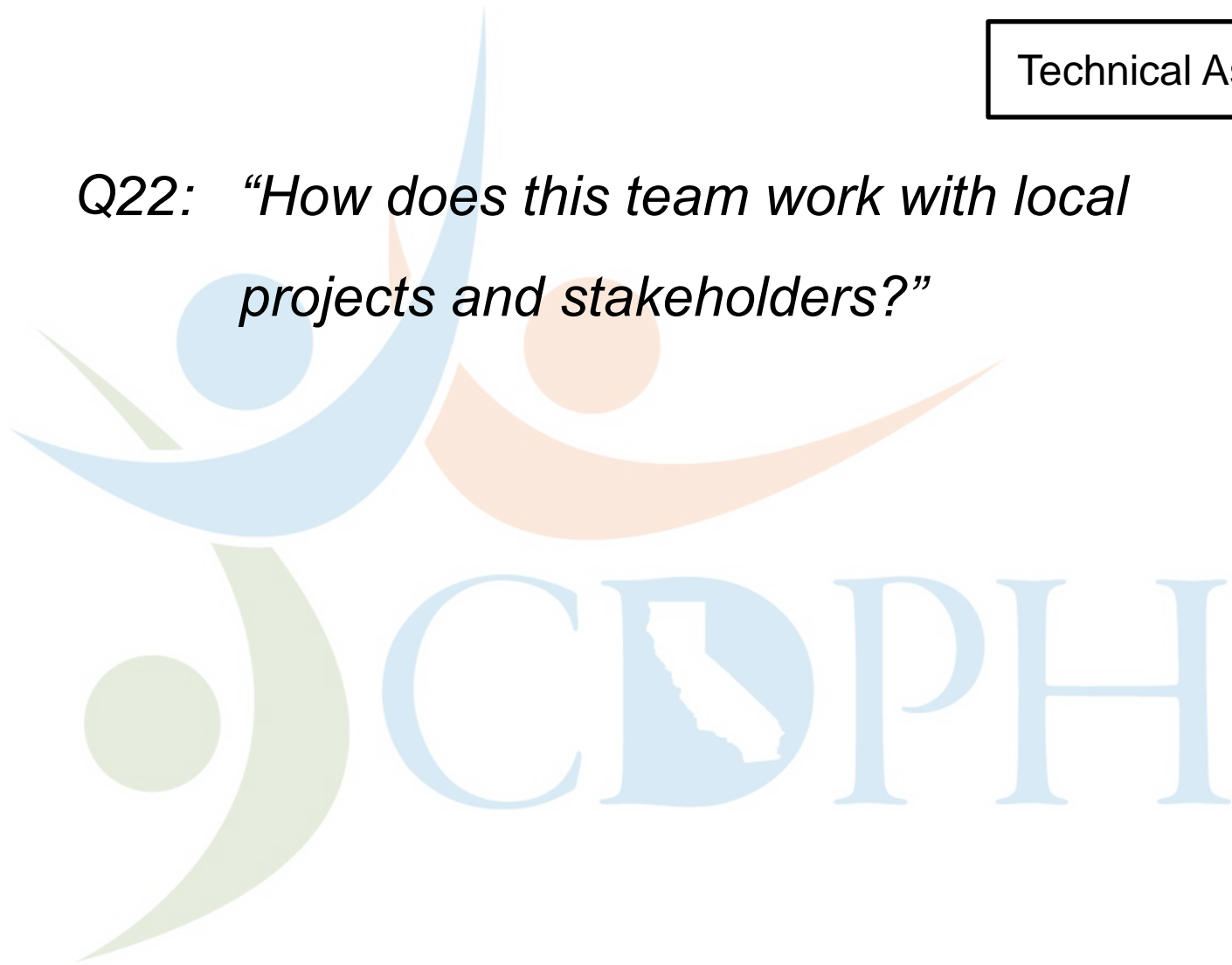


# Questions from the Stakeholders

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Technical Assistance

Q22: *“How does this team work with local projects and stakeholders?”*



# Questions from the Stakeholders

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## Technical Assistance

Q23: *“What assurances can be made that technical assistance providers will represent and be inclusive of all within large ethnic categories?”*

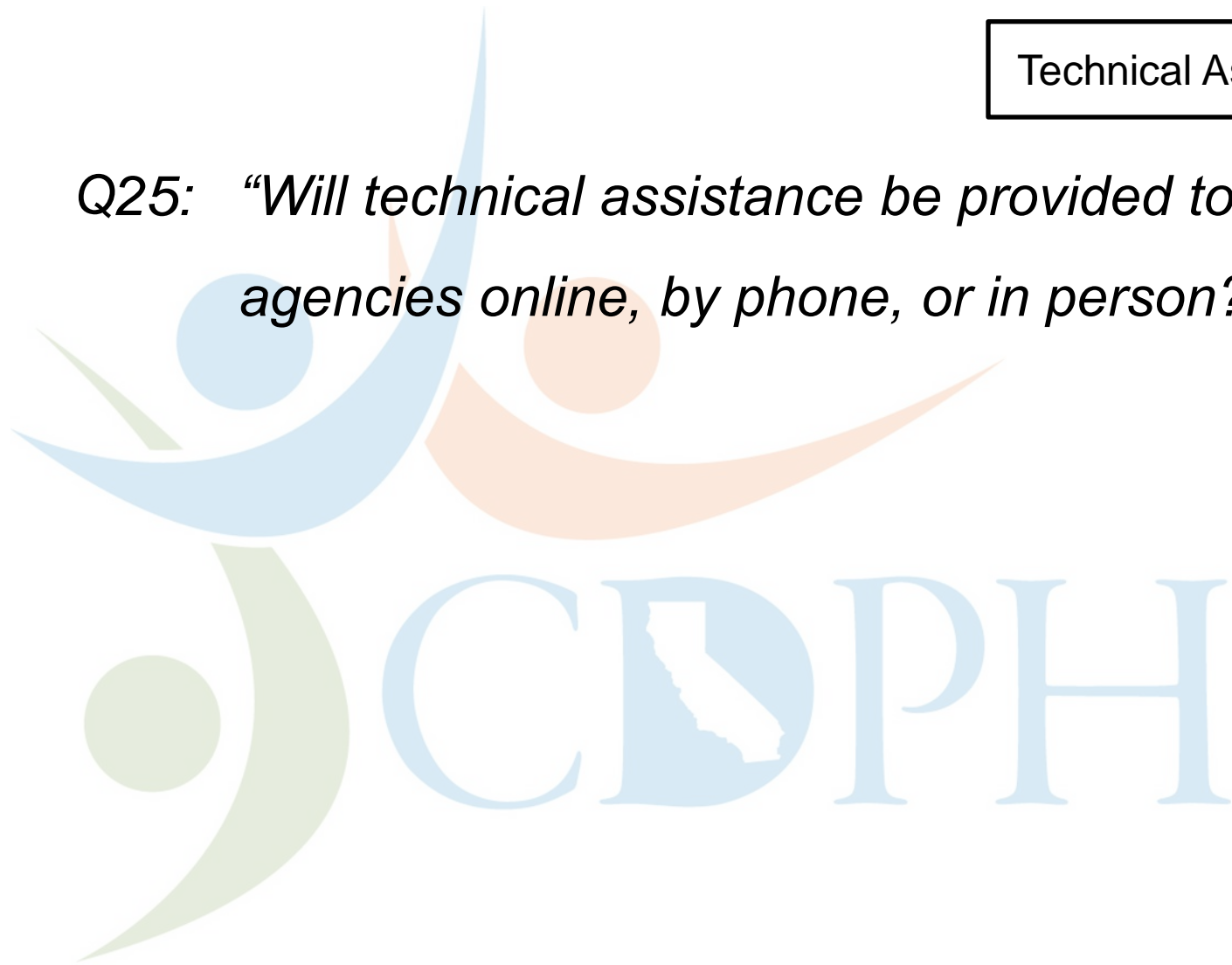
Q24: *“What role can we expect technical assistance providers to play if they lack in understanding of whole system change methodology?”*

# Questions from the Stakeholders

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Technical Assistance

*Q25: “Will technical assistance be provided to agencies online, by phone, or in person?”*



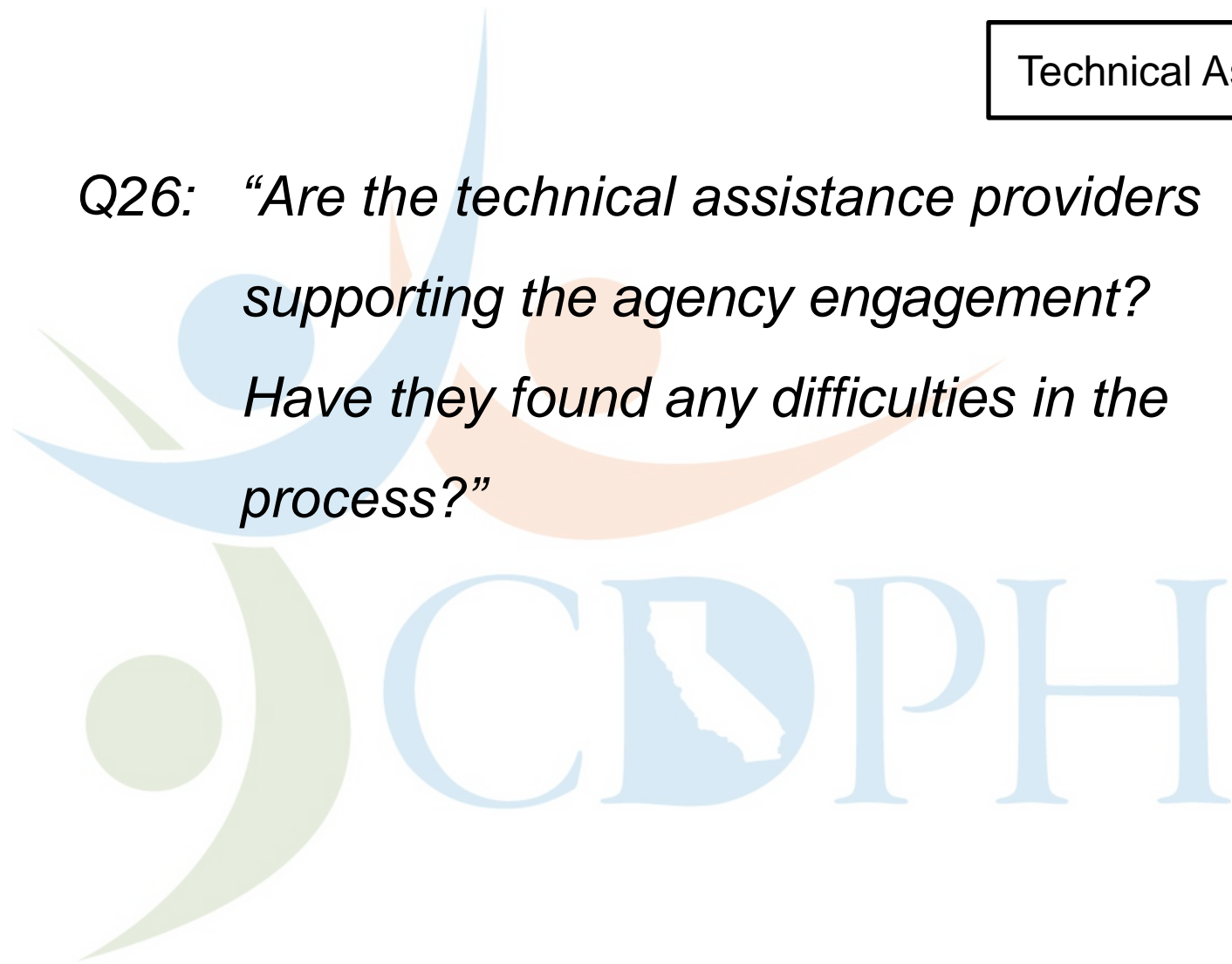


# Questions from the Stakeholders

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Technical Assistance

*Q26: “Are the technical assistance providers supporting the agency engagement? Have they found any difficulties in the process?”*



# Technical Assistance Providers

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Additional Discussion

# Statewide Evaluation Team

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## Overview:

- Provide end-to-end evaluation of California Reducing Disparities Project
- Provide evaluation technical assistance to Pilot Projects
- We believe that the successful proposer will provide a team of evaluators that demonstrate an array of skills and expertise. Moreover, each population group lead must demonstrate cultural and linguistic competency to account for the different needs of each population
- Will coordinate core data collection across Pilot Project sites
- Will convene a symposium at the close of the project to formally document and share CRDP Phase 2 evidence and results

## Qualifications:

- Demonstrated high-level cultural and linguistic competence in each population
- Expertise in developing and implementing mixed methods and community-defined evidence evaluations
- Demonstrated experience providing evaluation technical assistance to target population groups

# Questions from the Stakeholders

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Statewide Evaluation  
Team

*Q27: “How will this team be recruited and managed? How does this team work with local projects and stakeholders?”*

*Q28: “Who can apply to be on this team? Can this team be recruited from the SPWs?”*

# Questions from the Stakeholders

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Statewide Evaluation  
Team

*Q29: “How can the CRDP project focus on being inclusive or requiring agencies to demonstrate how they will work with the depth of groups and subcultures within large ethnic categories?”*

# Questions from the Stakeholders

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Statewide Evaluation  
Team

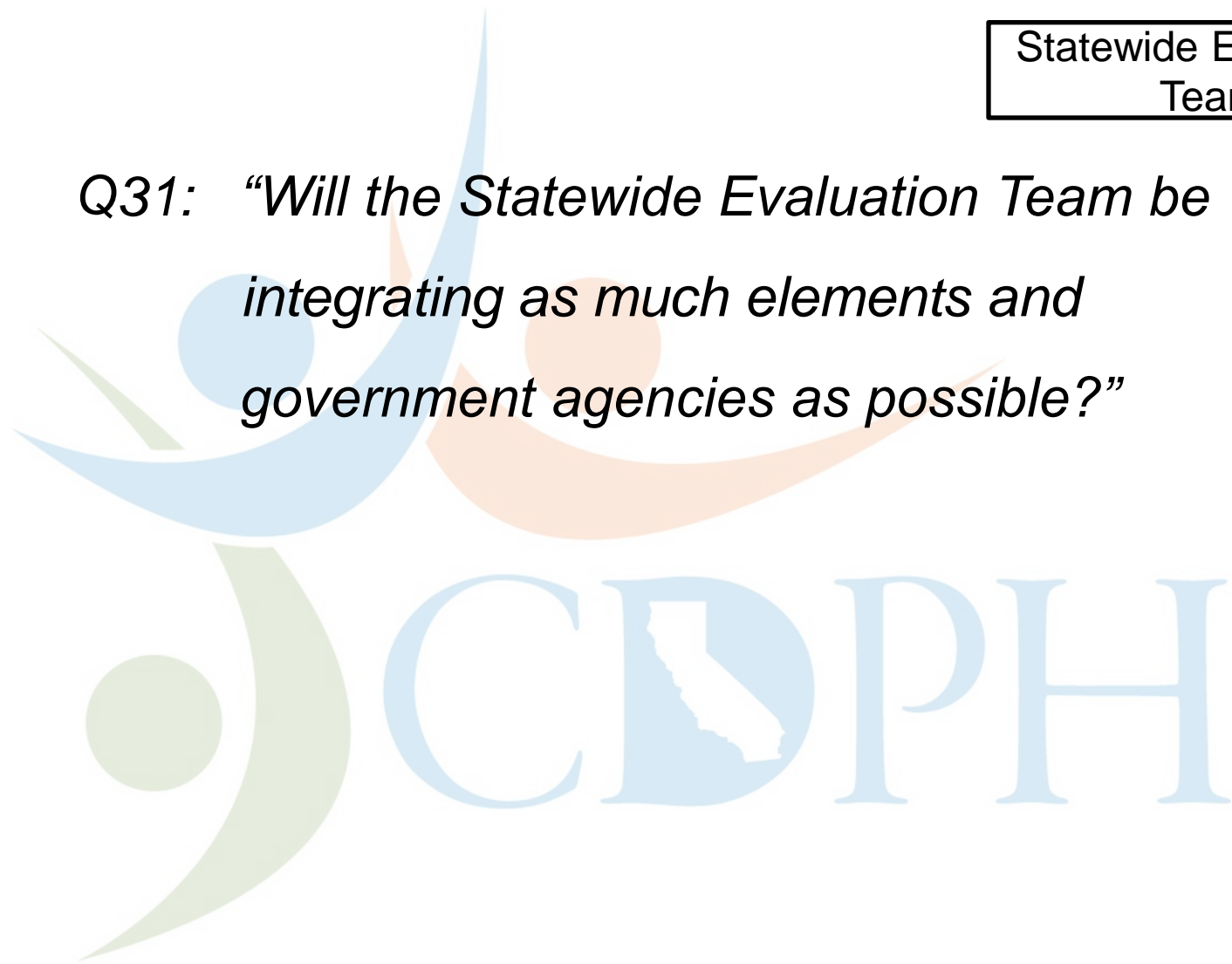
*Q30: “Will there be a standard or varied evaluation rubrics between population groups? Will they be completed and included in the RFP so that applicants can build in their evaluation component to match the data/performance outcome requirements?”*

# Questions from the Stakeholders

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Statewide Evaluation  
Team

*Q31: “Will the Statewide Evaluation Team be integrating as much elements and government agencies as possible?”*

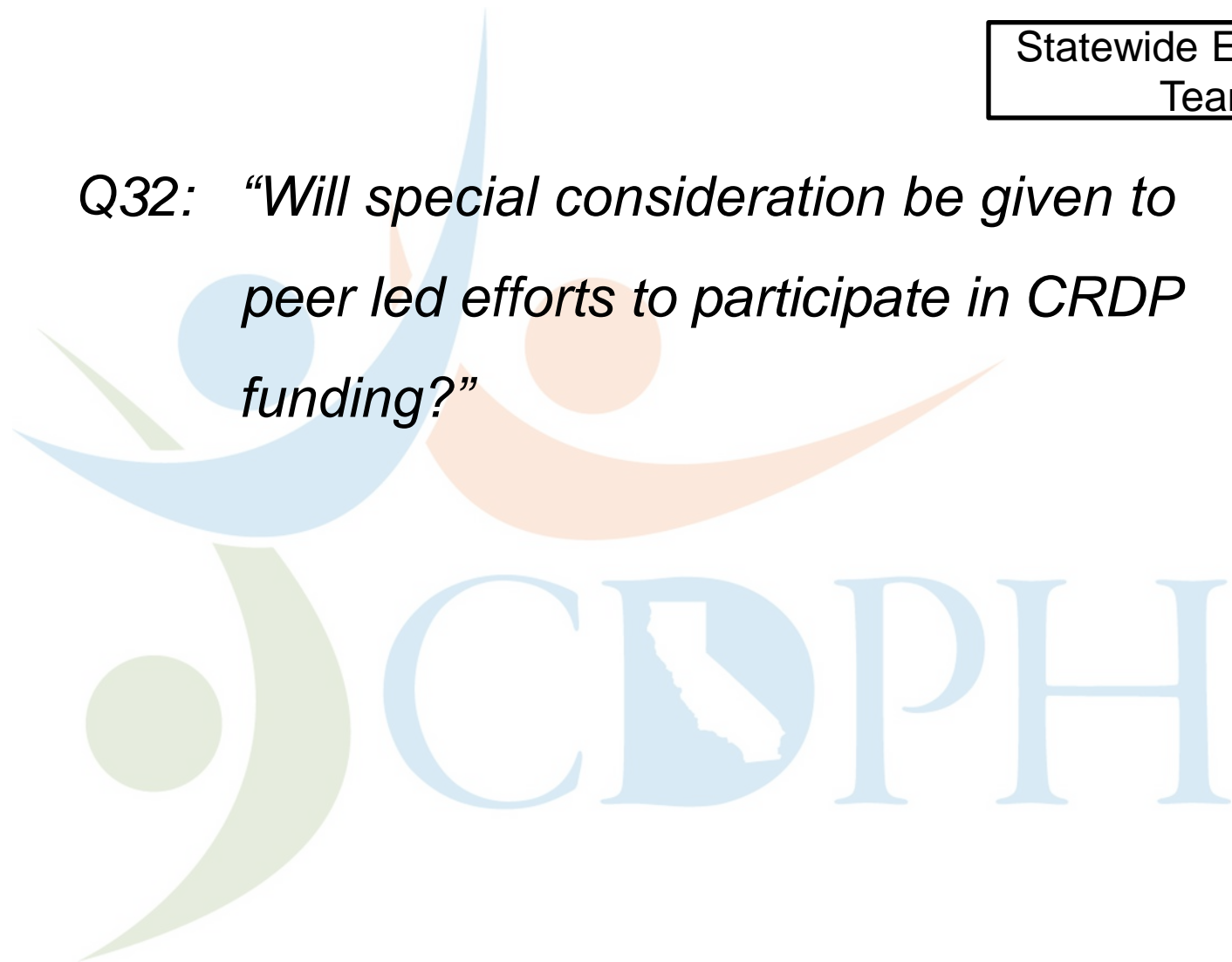


# Questions from the Stakeholders

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Statewide Evaluation  
Team

Q32: *“Will special consideration be given to peer led efforts to participate in CRDP funding?”*





# Statewide Evaluation Team

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Additional Discussion

# Education, Outreach, and Awareness Overview

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## Overview

- One statewide education, outreach, and awareness contractor
- Five local education, outreach, and awareness contractors
- Convene interests of all unserved, underserved, and inappropriately served populations
- Focus on creating system change and developing working relationships with all critical stakeholder groups through education and outreach

## Qualifications

- Demonstrated high-level cultural and linguistic competence in each target population group AND other unserved, underserved, and inappropriately served populations
- Demonstrated experience in coalition building and management across different population groups
- Demonstrated experience in developing and maintaining community education, outreach and awareness campaigns

# Questions from the Stakeholders

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Education, Outreach,  
& Awareness

*Q33: “How will infrastructure change be funded? Will it be through the selection of a local agency representing best practice methodology or hiring an individual consultant to work with a local or State agency?”*

# Questions from the Stakeholders

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Education, Outreach,  
& Awareness

Q34: *“What media efforts will take place in the inner city to address the homeless and displaced mentally ill?”*

Q35: *“Will there be localized activity educating to the community on how to identify and address mental illness?”*

# Questions from the Stakeholders

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Education, Outreach,  
& Awareness

Q36: *“Will there be outreach towards middle school education on gateway drugs and the potential dangers of legalized drugs onsetting mental illness?”*

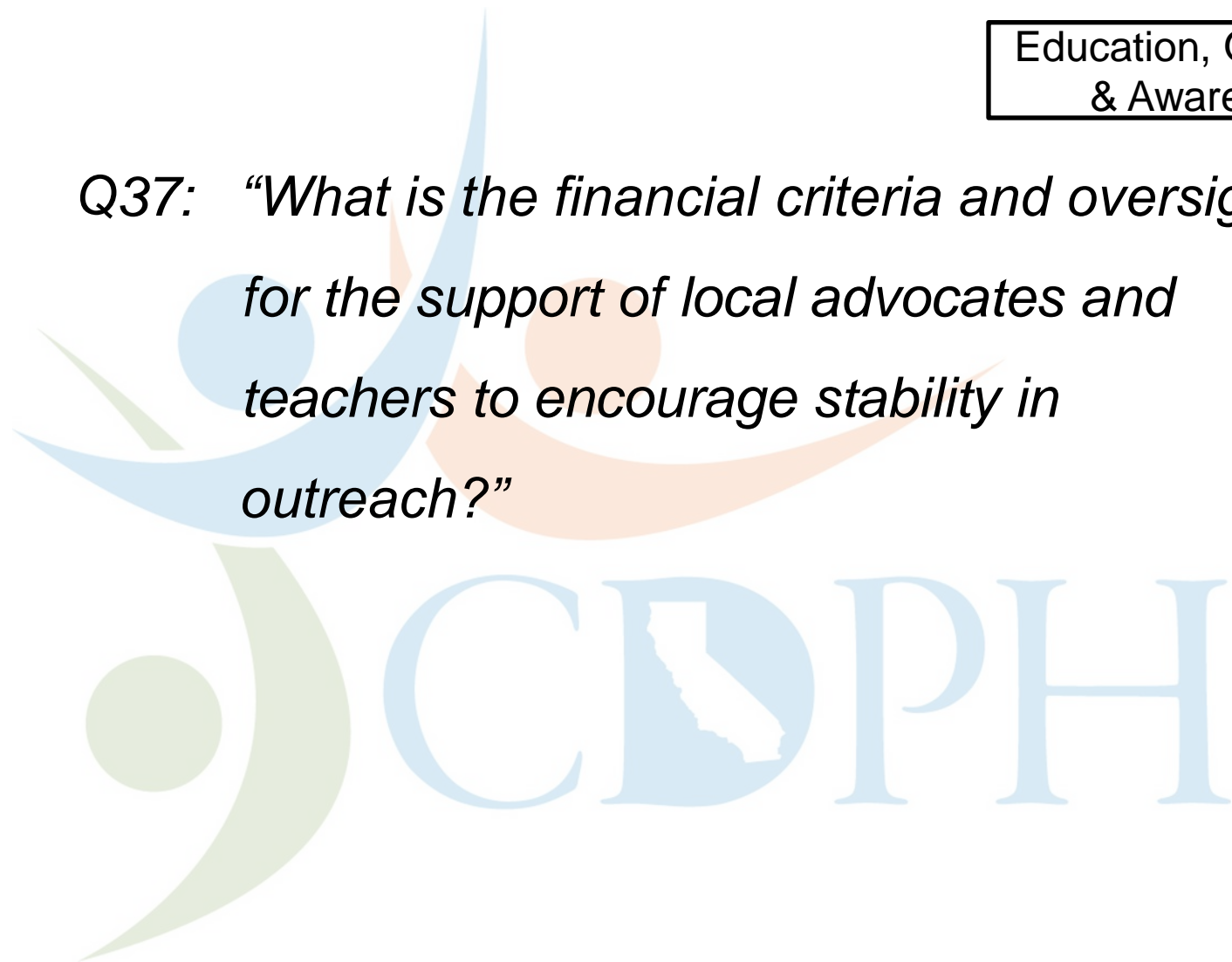
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# Questions from the Stakeholders

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Education, Outreach,  
& Awareness

*Q37: “What is the financial criteria and oversight for the support of local advocates and teachers to encourage stability in outreach?”*



# Questions from the Stakeholders

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Education, Outreach,  
& Awareness

Q38: *“Will PEI efforts include countywide coalitions for mental health and stigma reduction as well as leadership and civic engagement trainings to build resilience among the commonly under-represented?”*

# Education, Outreach, and Awareness

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# Closing Comments or Questions

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Additional Discussion

- Visit CRDP's website for resources, updates, and frequently asked questions: <http://tinyurl.com/cdphcrdp>
- For questions, comments, or concerns, please contact CRDP staff through email: [CRDP@cdph.ca.gov](mailto:CRDP@cdph.ca.gov)

